

**SES PROVIDER APPLICATION****Part B****PROVIDER SERVICE SUMMARY**

(This information will be available on-line to parents, schools, and the general public.)

**PROVIDER INFORMATION**

NAME OF PROVIDER: SWOPE CORRIDOR RENAISSANCE

MAILING ADDRESS: 5931 SWOPE PARKWAY

CITY: KANSAS CITY

STATE: MO

ZIP CODE: 64130

PHONE NUMBER: (816) 363-3819

FAX NUMBER: (816) 926-9724

E-MAIL ADDRESS: jerrymcevoy@hotmail.com

**PRIMARY CONTACT INFORMATION**

NAME: JERRY McEVOY

PHONE NUMBER: (816) 363-3819

E-MAIL ADDRESS: jerrymcevoy@hotmail.com

**SERVICES****Provider status—check all that apply:**

- ☐ For-profit organization  
☒ Non-profit organization  
☒ Faith-based organization

- ☐ School district  
☐ School building  
☐ Individual  
☐ Other: \_\_\_\_\_

**Areas to be served by provider:**

- ☐ All school districts in Missouri  
☒ Specific districts or counties. Please list: Kansas City Missouri School District

**Number of sessions per week:** 2,3, or 4**Minimum/maximum numbers:**

Minimum number of students required before offering services: 5

Maximum number of students to be served at a session: 8

**Cost per session:** \$25**Proposed location of service delivery:**

- ☐ Student's school site (if negotiated with the district)  
☒ Provider site  
☐ Other--explain: \_\_\_\_\_

If service delivery is not at the student's school, is transportation provided? If so, is there a separate fee?  
(Note: Districts are not required to provide or pay for transportation).

Transportation is provided to site at no fee. Parent must pick up child there.

**Certification of instructors:**

- ☒ Baccalaureate degree in education  
☐ Baccalaureate degree in related field of instruction. Please list related field(s): \_\_\_\_\_  
☐ Reading Specialist  
☐ Other: \_\_\_\_\_

**Additional education and/or experience:**

- ☐ Masters level degrees or above in either reading or mathematics  
☒ Missouri teacher certificated/licensed teachers  
☐ Experience teaching students with specific disabilities  
☒ Experience teaching LEP students  
☒ Ability to speak languages other than English. Please list: Spanish  
☐ Other: \_\_\_\_\_

**Tutoring subjects available:**
☒ Reading
 ☐ Writing
 ☒ Math
**Grade Levels Served:**
☒ K-2
 ☒ 3-5
 ☒ 6-8
 ☐ 9-12

**Title or description of tutoring curriculum utilized:** Scientifically-based Reading and Math Instruction
**Time of Service:**
☐ Before School  
☒ After School  
☐ Weekends  
☒ Summer  
☐ Other: \_\_\_\_\_
**Mode of Instructional Delivery:**
☐ Individual one-on-one tutoring  
☐ Small group instruction (2 to 5 students)  
☒ Large group instruction (6 to 10 students)  
☐ On-Line/Web-based  
☐ Other: \_\_\_\_\_
**Specifics of reporting to parents & school (check all that apply):****Method:**
☒ letters  
☒ phone calls  
☒ conference with parents  
☒ conference with parents & school  
☐ other: \_\_\_\_\_
**Frequency:**
☐ weekly  
☐ bi-monthly  
☒ monthly  
☐ other: \_\_\_\_\_
**Specific Student Populations Served:**

We have a summer reading program for 1,000 students grades 1-8. The average student gained four months in their reading grade level during the two months they attended our program. Many students gained a year or more in their reading level.

☒ Low-income students  
☒ Minority students  
☐ Migrant students  
☐ Limited English proficient students (LEP)  
☒ Special education students  
☐ Other—describe: \_\_\_\_\_

☐ Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.

Indicate subgroups: \_\_\_\_\_

**Effectiveness:**

Give a brief description of evidence you have that demonstrates effectiveness of your program/services. (This will be shared with parents).

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